Royal Infirmary of Edinburgh

Renal Unit

Prescribing Warfarin in the Outpatient Dialysis Unit

DESIGNATED PRESCRIBERS		
1st contact	2nd contact	3rd contact (only if 1st or 2nd contact unavailable)
Dr Sundeep Miya **Bleep 5221**	Renal Advanced Nurse Practitioners Bleep 1412	Renal Registrar on-call via RIE switchboard

- INRs should only be checked on a Monday or Tuesday unless there are clinical concerns *(eg: unusual bleeding at fistula site, prolonged nose bleeds, unusual extensive bruises, malaena etc)* or when instructed by a prescriber
- Prescriptions should be completed and communicated to patients according to the following timings:

HD Day	Session	INR reporting to prescriber	Time to contact patient
Monday	Morning	Monday morning before 1100	Monday afternoon before 1600
	Afternoon	Tuesday morning before 1100	Tuesday afternoon before 1600
	Twilight	Tuesday morning before 1100	Tuesday afternoon before 1600
Tuesday	Morning	Tuesday afternoon before 1100	Tuesday afternoon before 1600
	Afternoon	Wednesday morning before 1100	Wednesday afternoon before 1600
	Twilight	Wednesday morning before 1100	Wednesday afternoon before 1600

- The Yellow Warfarin book **MUST** be made available to the prescriber completing the prescriptions - understanding the patient's anticoagulation history is key to safe prescribing
- All enquiries to Renal Registrar during the out-of-hours period or in the weekend **MUST** be done via the Nurse In-charge of the Dialysis Unit at the time. Junior doctors should **NOT** be routinely contacted for warfarin prescriptions except in unsafe situations as below:
  - INR >4
  - Active bleeding
  - For subtherapeutic INRs, please follow steps above except in the following situations where the prescriber should be contacted:
    - Patients with a metallic heart valve when INR is <2.0
    - Patients with lupus anticoagulant when INR is <1.5
    - Patients with venous thromboembolism (PE/DVT) when INR is <1.5
- Patients with stable INRs will require less frequent monitoring. They should continue their usual warfarin dose unless it is unsafe (as described above)
- Unnecessary INR monitoring and frequent dose changes will lead to erratic anticoagulation which may be harmful to the patient

Written by: Jin Hah, Clinical Pharmacist
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